



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**DEPARTMENT OF STATE**  
DIVISION OF PROFESSIONAL REGULATION  
BOARD OF FUNERAL SERVICES

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: DPR.DELAWARE.GOV

### RESIDENT INTERN QUARTERLY REPORT

**Interns must submit four quarterly reports for the year-long internship period. The reports may be submitted at the end of each three-month period, or all four reports may be submitted at the end of the internship year. Forms must be signed by both the intern and the intern's sponsor and notarized.**

Intern Name: \_\_\_\_\_ Intern License No.: **K3-** \_\_\_\_\_

This report is for work completed during the quarterly period from \_\_\_\_\_ to \_\_\_\_\_.  
month/day/year month/day/year

DATE	NAME OF DECEASED	CHECK WORK DONE		
		EMBALMING	ARRANGEMENTS	SERVICES

**Signature of Intern:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***I certify that the intern named above satisfactorily completed the work listed above.***

**Signature of Sponsor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_ 2\_\_\_\_\_.

SEAL

Signature of Notary: \_\_\_\_\_

My commission expires: \_\_\_\_\_